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UNCLAS SECTION 01 OF 04 KHARTOUM 000844

DEPT FOR AF A/S CARSON, SE GRATION, S/USSES, AF/C, AF/E
NSC FOR MGAVIN
DEPT PLS PASS USAID FOR AFR/SUDAN
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TAGS: [PHUM PREL](#) [EAID](#) [SOCI](#) [KWMN](#) [KOCI](#) [AU](#) [UNSC](#) [SU](#)
SUBJECT: SUDAN - INITIAL RESPONSE TO REQUEST FOR INCREASED
ENGAGEMENT ON EFFORTS TO CURB GENDER-BASED VIOLENCE

REFS: A. STATE 64939
[B](#). KHARTOUM 736
[C](#). KHARTOUM 697

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Summary
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[1](#)1. (SBU) Protection concerns--particularly incidents of sexual and gender-based violence (SGBV)--persist throughout conflict-affected areas of Sudan. Nearly six years after conflict erupted in Sudan's Darfur region, SGBV continues to negatively affect Darfuri communities; however, reliable statistics are unavailable due to the political and cultural sensitivities surrounding SGBV. In Southern Sudan, child abduction and rape remain weapons utilized in inter-ethnic clashes and Lord's Resistance Army (LRA) attacks. The Government of National Unity (GNU) recently released a Women's Empowerment Policy, which identifies the establishment of legal and public information mechanisms to combat violence against women as priority actions. However, the GNU is not aggressively acting on these priorities. In some cases, its agencies, including the Humanitarian Aid Commission (HAC) have impeded the work of humanitarian agencies involved in protection of women and children. The March 2009 expulsions of key non-governmental organizations (NGOs) running women's livelihoods programs and providing medical and psychosocial assistance to SGBV survivors in northern Sudan weakened these efforts in northern Sudan. Despite the challenging operating environment, the U.S. Government (USG) continues to prioritize protection assistance and incorporate protection sensitivity into other humanitarian assistance throughout conflict-affected areas of Sudan. End summary.

[1](#)2. This message provides Embassy Khartoum's initial response to ref [1](#)A. request. Post will continue to engage proactively with the GNU, the Government of Southern Sudan, and the UN on SGBV, and report developments and additional information as they become available.

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GNU Efforts to Curb SGBV - Darfur
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13. (SBU) The GNU'S Women's Empowerment Policy, released In June 2009, includes provisions for establishment of legal and media mechanisms to combat violence against women and provide legal aid for victims, review implementation of current Sudanese laws, provide psycho-social rehabilitation for women affected by conflict, and assist with family reunification. However, this policy includes few details on implementation. Many government institutions are charged with working to combat SGBV and assist SGBV victims, including the Federal and State Ministries of Health, the Ministry of Social Welfare, Ministry of Education, the Violence Against Women units, and the State Committees to Combat Violence Against Women and Children. These ministries and committees continue to require training and assistance in providing a range of SGBV services.

14. (SBU) Nevertheless, in practice, protection-related programming, particularly related to SGBV, remains an extremely sensitive one, due to Sudanese government suspicion that organizations working on these issues provided information about SGBV incidents to the International Criminal Court and other international bodies. Prior to the early March NGO expulsions, the HAC already had begun impeding NGOs that provided protection and/or SGBV support in Darfur through bureaucratic means. Starting in June 2008, the HAC began conducting detailed assessments of NGO operations, specifically activities in support of SGBV victims. In late 2008, the HAC refused to sign a technical agreement with a USAID partner, obliging the organization to close protection and rule of law programs in Darfur. Subsequently, in October 2008, the HAC suspended another NGO's health programs in Kalma IDP camp in South Darfur, specifically ordering the organization to cease all SGBV counseling activities prior to January 2009.

15. (SBU) Despite increased protection concerns following the early March expulsions of key protection implementing partners, UN

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agencies report limited capacity and/or availability for Sudanese government ministries or national NGOs to fill gaps in SGBV monitoring and protection activities due to the sensitive nature of these programs. Sudanese government-supported health centers are not present in many rural areas of Darfur, and where they are, they lack SGBV emergency treatment and post-rape kits. In non-signatory armed opposition group areas, the government lacks control and access, preventing GOS ministries or aligned national NGOs from providing services. The same applies to many IDP camps, where displaced populations do not trust the government and do not accept GOS-provided services.

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GOSS Efforts to Curb SGBV -- Southern Sudan
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16. (SBU) The recent surge in ethnic-based violence and LRA attacks in areas of Southern Sudan has had a negative impact on civilian populations, particularly women and children. According to the UN Children's Fund (UNICEF), the scale of child abductions between ethnic groups in Jonglei State is unprecedented since the signing of the Comprehensive Peace Agreement in 2005. In addition, LRA attacks have resulted in extensive looting, abductions, and incidents of rape, as well as the displacement of a total of 51,564 IDPs within and 12,842 Congolese refugees to Southern Sudan as of early June 2009.

17. (SBU) UNICEF and the UN Mission in Sudan (UNMIS) - Protection Unit have advocated raising child protection issues related to the recent violence in Jonglei State in all meetings with senior Government of Southern Sudan (GoSS) officials. In addition, UNICEF has issued a statement urging proactive GoSS intervention on Jonglei.

- - - - - Addressing SGBV
and Mainstreaming Protection into Humanitarian Activities
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18. (SBU) In Fiscal Year (FY) 2008, the USG funded seven stand-alone humanitarian protection programs in Darfur. USAID humanitarian

protection programs work not only to respond to incidents of violence, but also to prevent them. In addition to medical and psycho-social treatment, USAID has supported women's empowerment, skills building, and income-generation programs. These programs aimed to provide women with safer livelihoods alternatives to traveling outside of IDP camps to collect firewood and fodder to sell, which often leaves women vulnerable to sexual violence. This programming, typically located in women's centers, also provided venues for group discussion and general counseling for SGBV victims. Other protection activities include identification of extremely vulnerable individuals and provision of linkages to special support networks, child-friendly spaces, and protection coordination and advocacy.

¶9. (SBU) In addition, in FY 2008, 16 of 22 humanitarian NGO partners in Darfur identified protection as a cross-cutting theme in their programs. NGOs mainstreamed protection into their programming in a variety of ways, including supporting protection-sensitive shelter in camps, offering *confidential* health care services for survivors of sexual and gender-based violence, referring extremely vulnerable persons in health or nutrition programs to psychosocial or income-generation programs, and consulting women and children about their safety preferences when establishing new water points or latrines.

¶10. (SBU) The USG has also supported multiple activities that helped minimize women's exposure to violence, monitor and document abuses, increase safe access to victims' services, and combat impunity. USAID funding provided training on SGBV to key groups, including judges, prosecutors, lawyers, and paralegals to improve awareness of how to handle SGBV cases. In addition, USG-funded partners have provided trainings to IDP leaders on different forms of SGBV and the difficulties survivors face in accessing support services. Traditional leaders (including sheiks and umdas) remain

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influential figures who are regularly consulted by SGBV survivors and their families. Their involvement is vital to shoring up community support to address SGBV.

¶11. (SBU) In the rest of Sudan, USAID has prioritized protection programming in response to attacks and abductions of individuals during LRA and inter-ethnic violence in Jonglei and Western Equatoria states. These attacks have particularly affected women and children. In Abyei, USAID funding supports child protection activities, including registration and reunification of children separated from their families as a result of the May 2009 clashes and subsequent displacement.

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Effectiveness of Programs
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¶12. USG-funded assistance programs have been effective in addressing the atmosphere of impunity in a number of ways. SGBV sensitization programs have been very successful in changing ethnic leaders' attitudes and have helped unite communities around this issue. In addition, USAID-funded programs have supported legal aid centers, educated young Darfuri lawyers, and increased the resources available to paralegals working on SGBV cases.

¶13. (SBU) However, of all sectors affected by the March NGO expulsions, the protection sector lost the most NGO capacity. Ten out of the 13 expelled international organizations either directly or indirectly had been involved in protection-related activities, and two of the three dissolved national NGOs previously implemented protection programs. The expulsions included key NGOs running women's livelihoods programs and providing medical and psycho-social assistance to SGBV victims. The expulsions also undermined the confidence of IDP communities that SGBV services would be provided in the future by other NGOs. . In fact, many of the remaining NGOs either lack the technical capacity and systems to handle SGBV cases and/or have demonstrated reluctance to engage in protection activities, fearing that working in this sector will jeopardize their other activities.

¶14. (SBU) Perpetrators of SGBV are generally not brought to justice, although there have been isolated convictions. The constraints are many: those accused of SGBV are often members of the security forces; victims are typically afraid to come forward because for fear they might be charged and convicted of having illegal sexual relations out of wedlock; and local authorities are not willing/able to pursue these crimes.

¶15. (SBU) Over time, however, there has been improvement in the willingness of the GNU to acknowledge SGBV as a reality in this society. Sudanese government authorities in Khartoum and Darfur no longer routinely deny nearly all reports of widespread rape and violence against civilians in Darfur. Instead, they now publically acknowledge there is a SGBV problem, and in response have formed various SGBV related-committees that have prepared action plans. Despite these positive steps, impunity and lack of implementation of the plans continue to prevent effective action to counter SGBV. SGBV remains widespread throughout Darfur, although reliable statistics are hard to come by and the total number of cases is unknown. In the past three years, there were a total of 50 rape convictions in Darfur.

¶16. (SBU) In the latter half of 2005, the Sudanese government began clarifying Form 8 procedures, which removed the requirement, in theory, for SGBV victims to file documentation before seeking medical treatment. [Note: Form 8 is a one-page reporting document produced by the Ministry of Justice to record physical injuries related to criminal acts. End note.] In 2005, the Ministry of Justice established a national action plan on Form 8, with the message that rape victims may receive medical treatment and file

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legal charges against perpetrators without filling the form. The Ministry of Justice also set up a Committee for Combating Gender-Based Violence in each Darfur state. However, after nearly four years, application and dissemination of these reforms throughout police ranks and to public prosecutors, public health workers, and medical practitioners remains inconsistent and misunderstood. Few women police officers have been recruited and trained to interview and assist SGBV victims. In many cases, police investigations will not proceed without a Form 8. In some instances, police stations claim not to have the Form 8. In others, the form is not completed correctly. Often, police insist that victims fill out the form prior to receiving medical treatment and before launching an investigation. Thus, Form 8 is still regarded as a key barrier for SGBV victims seeking medical care and access to justice in Darfur.

¶17. (SBU) Comment: During the May visit to Sudan of CODEL Isakson (ref C), the Embassy facilitated briefings and subsequent meetings for Senators Isakson and Corker in which they raised SGBV concerns with senior government officials. The Post will continue to stress the need for action on this issue in its meetings with the GNU. We will also work with UN agencies to promote SGBV prevention/ response and awareness in Sudan.

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